



**Medicare Appeal
Number: 1-10934840952**

MAXIMUS Federal

If you have questions,
write or call:

Maximus Federal
DME QIC
3750 Monroe Ave
Suite 777
Pittsford, NY 14534

Telephone:
585-348-3200

Provider Inquiries

Visit: www.q2a.com

Beneficiary Inquiries

Call:

1-800-MEDICARE
Or
1-800-633-4227

Who we are:

We are Maximus
Federal.
We are experts on
appeals. Medicare
hired us to review
your file and make an
independent decision.

What is the DME QIC?
The Durable Medical
Equipment (DME)
Qualified Independent
Contractor (QIC).

J. OLSEN

March 18, 2022

RE:

Beneficiary: J. Olsen
Medicare Number: XXXX-XXX-QH63
Appellant: J. Olsen
Date(s) of Service: October 13, 2021

Dear J. Olsen:

This letter is to inform you that your request for a reconsideration has been dismissed. We have dismissed your request because Noridian indicated that an adjustment must be made on the claim at issue. At this time, they have jurisdiction over your case.

If Noridian reviews your case and makes an unfavorable or partially favorable decision, you will then have appeal rights to file a request for reconsideration (second level appeal) with Maximus Federal Services.

Appeal Details at Issue

Claim Number	Supplier	Date of Service (DOS)
21288839976002	MiniMed Distribution Corp.	October 13, 2021

If you disagree with this dismissal, you have two options:

1. You may ask us to vacate our dismissal. We will vacate our dismissal if we determine you have good and sufficient cause (42 CFR, Section 405.972(d)). If you want us to vacate this dismissal, **you must file a request within 180 calendar days from the date of this notice**. In your request, please explain why you believe you have good and sufficient cause. Please send your request to:

Maximus Federal Services
 DME QIC
 3750 Monroe Ave., Suite 777
 Pittsford, NY 14534-1302

2. If you think we have incorrectly dismissed your request, (for example, you believe Noridian is not reopening your appeal), you may request an Administrative Law Judge (ALJ) review (42 CFR, Section 405.1004).

Your request must be filed within **60 days** of receipt of this letter. The ALJ will have 90 days to complete their review. In your request, please explain why you believe the dismissal was incorrect. The ALJ's review will be limited to whether the dismissal was appropriate based on the evidence in the case at the time of the QIC review. If the ALJ determines that the QIC's dismissal was in error, he or she vacates the dismissal and remands the case to the QIC for a reconsideration. For more information on how to appeal, see the page titled "Important Information About Your Appeal Rights." The amount still in dispute is estimated to exceed the amount required to file an appeal at the ALJ Hearing level.

All evidence that is not submitted prior to the issuance of the reconsideration decision will not be considered at the ALJ level, or made part of the administrative record, unless the appellant demonstrates good cause as to why the evidence was not provided prior to the issuance of this decision. This requirement does not apply to beneficiaries, unless they are represented by a physician/supplier or a provider of services (42 CFR, Section 405.966(a)(2)).

If you have questions, please contact 1-800-MEDICARE (1-800-633-4227).

Sincerely,



Danielle McPartland
Project Director

cc:

MINIMED DISTRIBUTION CORP.
ATTN: MEDICARE APPEALS DEPARTMENT
18000 DEVONSHIRE ST
ATTN: LEGAL DEPT.
NORTHRIDGE, CA 91325

NORIDIAN (via facsimile or electronic communication)

IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS

Your Right to Appeal this Dismissal

If you do not agree with this dismissal, you may appeal the decision to an Administrative Law Judge (ALJ) at the Office of Medicare Hearings and Appeals (OMHA). The ALJ will review the dismissal to determine whether it is correct.

For ALJ Hearings filed as of January 1, 2022, the amount in controversy will remain at \$180. A claim can be combined ("aggregated") with others to reach this amount if: (1) the other claims have also been decided or dismissed by a QIC; (2) all of the claims are listed on your request for review; (3) your request for review is filed within 60 days of receipt of all of the QIC dismissals being appealed; and (4) you explain why you believe the claims involve similar or related services.

You can find more information about your right to an ALJ review of a QIC dismissal at www.hhs.gov/omha or by calling 1-855-556-8475. This is a toll free call.

How to Appeal

To exercise your right to appeal, you must file a written request for an ALJ review within **60 days** of receiving this letter. If your request for review is being filed late, you must explain why your request is being filed late. After you file an appeal, you may check your appeal's status via the OMHA website at www.hhs.gov/omha (click on Appeal Status Lookup).

When preparing your request for review, please use **Form OMHA-100**, available at: www.hhs.gov/omha/forms/index.html

If you do not use the form, your request for review must include the following:

1. The Beneficiary's name, address, and Medicare health insurance claim number;
2. The name and address of the person appealing, if the person is not the beneficiary;
3. The representative's name and address, if any;
4. The Medicare appeal number listed on the front page of this reconsideration notice;
5. The dates of service for the claims at issue;
6. The reasons why you disagree with the QIC's dismissal; and
7. A statement of any additional evidence to be submitted and the date it will be submitted.

You must send a copy of the request for ALJ review to the other parties who received a copy of this dismissal (for example, the beneficiary or provider/supplier). Please **do not** send a copy of your review request to the QIC that issued this dismissal or to the Medicare Administrative Contractor that issued the redetermination.

Mail your hearing request to (tracked mail is suggested):

HHS OMHA Central Operations
1001 Lakeside Avenue Suite 930
Cleveland, OH 44114-2316

OMHA processes Medicare **Beneficiary** appeals on a priority basis. If you are a Beneficiary or you represent a Beneficiary, mail your hearing request to:

HHS OMHA Central Operations
Attn: Beneficiary Mail Stop
1001 Lakeside Avenue Suite 930
Cleveland, OH 44114-2316

If you are a Beneficiary or represent a Beneficiary, you can also call the OMHA Beneficiary help line at 1-844-419-3358 for assistance. This is a toll free call. For more information on the OMHA Beneficiary prioritization program, including limitations for Beneficiaries represented by a provider/supplier, or a shared representative, visit the OMHA website at www.hhs.gov/omha or call the Beneficiary help line.

Who May File an Appeal

You or someone you name to act for you (your **appointed representative**) may file an appeal. You can name a relative, friend, advocate, attorney, doctor, or someone else to act for you.

If you want someone to act for you, you and your appointed representative must sign and date a statement naming that person to act for you and send it with your request for hearing. Call 1-800-MEDICARE (1-800-633-4227) to learn more about how to name a representative.

Help With Your Appeal

You can have a friend or someone else help you with your appeal. If you have any questions about payment denials or appeals, you can also contact your State Health Insurance Assistance Program (SHIP). For information on contacting your local SHIP, call 1-800-MEDICARE (1-800-633-4227).

Other Important Information

If you want copies of statutes, regulations, and/or policies we used to arrive at this decision, please write to us and attach a copy of this letter, at:

Maximus Federal Services
QIC Part A DME
3750 Monroe Ave., Suite N/A-E1399
Pittsford, NY 14534-1302

If you have questions, please call us at the phone number provided on the front of this notice.

Other Resources To Help You

1-800-MEDICARE (1-800-633-4227),
TTY/TDD: 1-800-486-2048

1- If you need large print or assistance, call 1-800-633-4227

Jeremy P. Olsen
Karen Olsen For Jeremy P Olsen
[REDACTED]

DME MAC Jurisdiction D
PO Box 6727
Fargo, ND 58108-6727
Beneficiary Services:
1-800-MEDICARE
(1-800-633-4227)
1-877-486-2048 (TDD)
Provider Services:
1-877-320-0390

Medicare Paid Claim Appeal Decision

March 23, 2022

Medicare Number:	XXXXX49QH63	Document Control Number:	22080000000
Beneficiary:	Jeremy P. Olsen		
Date(s) of Service:	October 13, 2021		
Claim Control Number(s):	21288839976002		

This is a copy of the letter that was sent to your supplier

Dear Minimed Distribution Corp.:

This letter is to inform you of the decision on your Medicare Appeal. An appeal (also known as a redetermination) is a new and independent review of a claim. You are receiving this letter because you requested a redetermination, for E1399-GXCC (Durable Medical Equipment, Miscellaneous) on March 21, 2022.

The redetermination decision is unfavorable because the service(s) in question has already been paid by Noridian Healthcare Solutions on December 30, 2021. We have evaluated the information submitted, and there does not appear to be any errors impacting the payment amount, which is the maximum allowed by Medicare for this service. As a result, we are issuing an unfavorable decision on your request for redetermination on this claim. The beneficiary may also be responsible for any copayments, coinsurance, or deductibles related to the covered portion of the service or item that is payable.

More information on the decision is provided below. If you disagree with this decision, you may request a reconsideration to the Qualified Independent Contractor (QIC), MAXIMUS Federal Services, Inc. You must file your appeal, in writing, within 180 days of receiving this letter. However, if you do not wish to appeal this decision, you are not required to take any action. For more information on how to request a reconsideration, see the section of this letter entitled, "Important Information About Your Appeal Rights."

Sincerely,

Donna C.
Noridian Healthcare Solutions, LLC
A Medicare Contractor

CC: Jeremy P. Olsen
Encl:

What to Include in Your Request for a Reconsideration to the MAXIMUS Federal Services, Inc.

IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS

YOUR RIGHT TO APPEAL THIS DECISION: If you do not agree with the redetermination decision, you may file an appeal. The appeal is a review performed by people independent of those who have reviewed your claim thus far. The next level of appeals is called a reconsideration. A reconsideration is a new and impartial review performed by a Qualified Independent Contractor (QIC) separate and independent of Noridian Healthcare Solutions, LLC.

HOW TO APPEAL: To exercise your right to a reconsideration, you must file a request in writing. Your request must be received by the QIC at the address below within 180 days of this decision. You are presumed to have received this decision five days after the date of this letter unless there is evidence to show otherwise. If you are unable to file your Reconsideration request timely, please explain why you could not meet the filing deadline. You may request a reconsideration by using the Reconsideration Request Form enclosed with this letter.

If you do not use the Reconsideration Request Form, you may write a letter. You must include: your name, your signature, the name of the beneficiary, the Medicare number, a list of the service(s) or item(s) that you are appealing and the date(s) of service, and any evidence you wish to attach. You must also indicate that Noridian Healthcare Solutions, LLC made the redetermination. You may also attach supporting materials, such as those listed in item 10 of the enclosed Reconsideration Request Form or other information that explains why this service should be paid. Your doctor may be able to provide supporting materials.

If you want to file a reconsideration, please send your request to the QIC Reconsideration Contractor:

MAXIMUS Federal Services, Inc.
Medicare DME
3750 Monroe Avenue, Suite 777
Pittsford, NY 14534

Who May File an Appeal: You or someone you name to act for you (your **appointed representative**) may file an appeal. You can name a relative, friend, advocate, attorney, doctor, or someone else to act for you.

If you want someone to act for you, you may visit <https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms1696.pdf> to download the “Appointment of Representative” form, which may be used to appoint a representative. Medicare does not require that you use this form to appoint a representative. Alternately, you may submit a written statement containing the same information indicated on the form. If you are a Medicare enrollee, you may also call 1-800-MEDICARE (1-800-633-4227) to learn more about how to name a representative.

Other Important Information: If you want copies of statutes, regulations, policies, and/or manual instructions we used to arrive at this decision, or if you have any questions specifically related to your appeal, please write to us at the following address and attach a copy of this letter:

Noridian Healthcare Solutions
A Medicare Contractor

PO Box 6727
Fargo, ND 58108-6727

Resources for Medicare Enrollees: If you want help with an appeal, or if you have questions about Medicare, you can have a friend or someone else help you with your appeal. You can also contact your State health insurance assistance program (SHIP). You can find the phone number for your SHIP in your “Medicare & You” handbook, under the “Helpful Contacts” section of www.medicare.gov website, or by calling 1-800-MEDICARE (1-800-633-4227). Your SHIP can answer questions about payment denials and appeals. For general questions about Medicare, you can call 1-800-MEDICARE (1-800-633-4227), TTY/TDD: 1-877-486-2048.

Remember that specific questions about your appeal should be directed to the contractor that is processing your appeal.

Other Resources to Help You:

Beneficiary Services:

Beneficiary Call Center-----	1-800-MEDICARE (1-800-633-4227)
Beneficiary TDD-----	1-877-486-2048
Beneficiary Website-----	www.medicare.gov

Provider Services:

Interactive Voice Recognition (IVR)/Provider Call Center-----	1-877-320-0390
Provider TTY/TTD-----	1-866-879-2704
Noridian Medicare Website -----	https://med.noridianmedicare.com/web/jddme

Reconsideration Request Form

Redetermination/Appeals Number: 22080000000

Directions: If you wish to appeal this decision, please fill out the required information below and mail this form to the address shown below. Items 1, 2, 6, 9a, 9b, & 13 are mandatory; but to help us serve you better, please include a copy of the redetermination notice and complete the information below.

MAXIMUS Federal Services, Inc.
Medicare DME
3750 Monroe Avenue, Suite 777
Pittsford, NY 14534

1. Name of Beneficiary:		
2. Medicare Number:		
3. Claim Number (ICN/DCN, if available):		
4. Person Appealing:	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Provider of Service <input type="checkbox"/> Representative of Service	
5. Provider Name:		
6. Name of Person Appealing:	Phone:	
7. Address of the Person Appealing:		
8a. Telephone Number of the Person Appealing:		
8b. Email Address of the Person Appealing:		
9. Item or service you wish to appeal:		
9a. Date of Service(s)	9b. Description of the Item/Service You wish to Appeal (for example, Procedure Code/DRG)	9c. Claim Number(s)
10. Does this appeal involve an overpayment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Please include a copy of the demand letter with your request.		
11. Why do you disagree? Or what are your reasons for your appeal? (Attach additional pages, if necessary):		
12. Please include any supporting material to assist your appeal. Examples of supporting materials include:	<input type="checkbox"/> Medical Records <input type="checkbox"/> Office Records/Progress Notes <input type="checkbox"/> Copy of the Claim <input type="checkbox"/> Treatment Plan <input type="checkbox"/> Certificate of Medical Necessity	
13. Medicare Administrative Contractor (MAC) Number	19003	